



Dry Eye Disease Prior Authorization with Quantity Limit Program Summary

POLICY REVIEW CYCLE

Effective Date
03-23-2026

Date of Origin

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Tryptyr	acoltremon ophth soln	0.003 %	M ; N ; O ; Y	N		
Cequa ; Vevye	cyclosporine (ophth) soln	0.09 % ; 0.1 %	M ; N ; O ; Y	N		
Xiidra	lifitegrast ophth soln	5 %	M ; N ; O ; Y	N		
Eysuvis	Loteprednol Etabonate Ophth Susp	0.25 %	M ; N ; O ; Y	N		
Miebo	perfluorohexyloctane ophth soln	1.338 GM/ML	M ; N ; O ; Y	N		
Tyrvaya	varenicline tartrate nasal soln	0.03 MG/ACT	M ; N ; O ; Y	N		
Restasis multidose	cyclosporine (ophth) emulsion	0.05 %	M ; N ; O ; Y	O ; Y		

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Cequa	Cyclosporine (Ophth) Soln 0.09% (PF)	0.09 %	60	Vials	30	DAYS			
Eysuvis	Loteprednol Etabonate Ophth Susp	0.25 %	16.6	mLs	90	DAYS	16.6 mL=2 bottles		
Klarity-c drops ; Restasis ; Verkazia	cyclosporine (ophth) emulsion	0.05 % ; 0.1 %	60	Vials	30	DAYS			000239 16330 ; 000239 16360 ; 003788 76058 ; 003788 76091 ; 004804 07630 ; 004804 07660 ; 107020 80803 ; 107020 80806;5 009012 4200 ; 500904 47600;6

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
									050562 0201 ; 605056 20202 ; 681800 21430 ; 681800 21460 ; 713840 51405 ; 730430 00501 ; 730430 00502 ; 826670 01401
Miebo	perfluorohexyloctane ophth soln	1.338 GM/ML	3	mLs	30	DAYS			
Restasis	cyclosporine (ophth) emulsion	0.05 %	60	Vials	30	DAYS			000239 16330 ; 000239 16360 ; 003788 76058 ; 003788 76091 ; 004804 07630 ; 004804 07660 ; 107020 80803 ; 107020 80806;5 009012 4200 ; 500904 47600;6 050562 0201 ; 605056 20202 ; 681800 21430 ; 681800 21460 ; 730430 00501 ; 730430 00502
Restasis multidose	cyclosporine (ophth) emulsion	0.05 %	5.5	mLs	30	DAYS			000235 30105;
Tryptyr	acoltremon ophth soln	0.003 %	60	Vials	30	DAYS			
Tyvaya	Varenicline Tartrate Nasal Soln	0.03 MG/ACT	8.4	mLs	30	DAYS			
Vevye	cyclosporine (ophth) soln	0.1 %	1	Bottle	30	DAYS			
Xiidra	lifitegrast ophth soln	5 %	60	Vials	30	DAYS			

ADDITIONAL QUANTITY LIMIT INFORMATION

Wildcard	Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Additional QL Information	Targeted NDCs When Exclusions Exist	Effective Date	Term Date

Wildcard	Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Additional QL Information	Targeted NDCs When Exclusions Exist	Effective Date	Term Date
86300035101825	Eysuvis	Loteprednol Etabonate Opth Susp	0.25 %	16.6 mL=2 bottles		01-01-2025	

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Cequa ; Vevye	cyclosporine (ophth) soln	0.09 % ; 0.1 %	Basic ; Basic Annual ; Enhanced ; Enhanced Annual
Eysuvis	Loteprednol Etabonate Opth Susp	0.25 %	Basic ; Basic Annual ; Enhanced ; Enhanced Annual
Miebo	perfluorohexyloctane ophth soln	1.338 GM/ML	Basic ; Basic Annual ; Enhanced ; Enhanced Annual
Restasis multidose	cyclosporine (ophth) emulsion	0.05 %	Basic ; Basic Annual ; Enhanced ; Enhanced Annual
Tryptyr	acoltremon ophth soln	0.003 %	Basic ; Basic Annual ; Enhanced ; Enhanced Annual
Tyrvaya	varenicline tartrate nasal soln	0.03 MG/ACT	Basic ; Basic Annual ; Enhanced ; Enhanced Annual
Xiidra	lifitegrast ophth soln	5 %	Basic ; Basic Annual ; Enhanced ; Enhanced Annual

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Cequa	Cyclosporine (Ophth) Soln 0.09% (PF)	0.09 %	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Eysuvis	Loteprednol Etabonate Opth Susp	0.25 %	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Klarity-c drops ; Restasis ; Verkazia	cyclosporine (ophth) emulsion	0.05 % ; 0.1 %	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Miebo	perfluorohexyloctane ophth soln	1.338 GM/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Restasis	cyclosporine (ophth) emulsion	0.05 %	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Restasis multidose	cyclosporine (ophth) emulsion	0.05 %	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Tryptyr	acoltremon ophth soln	0.003 %	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Tyrvaya	Varenicline Tartrate Nasal Soln	0.03 MG/ACT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Vevye	cyclosporine (ophth) soln	0.1 %	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Xiidra	lifitegrast ophth soln	5 %	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	<p>Initial Evaluation</p> <p>Cequa (cyclosporine), Eysuvis (loteprednol etabonate), Miebo (perfluorohexyloctane), Tryptyr (acoltremon), Tyrvaya (varenicline), Restasis (cyclosporine ophthalmic emulsion), Vevye (cyclosporine), and Xiidra (lifitegrast) will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> 1. ONE of the following: <ol style="list-style-type: none"> A. The patient has a diagnosis of dry eye disease (i.e., dry eye syndrome, keratoconjunctivitis sicca [e.g., Sjögren’s Syndrome]) AND BOTH of the following:

Module	Clinical Criteria for Approval
	<p>1. ONE of the following:</p> <p>A. BOTH of the following:</p> <p>1. ONE of the following:</p> <p>A. The prescriber has stated that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat the cancer OR</p> <p>B. The prescriber has submitted documentation that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat an associated condition related to stage four advanced metastatic cancer [chart notes are required] AND</p> <p>2. The use of the requested agent is consistent with best practices for the treatment of stage four advanced, metastatic cancer, or an associated condition; supported by peer-reviewed, evidence-based literature; and approved by the United States Food and Drug Administration OR</p> <p>B. The patient has previously tried or is currently using aqueous enhancements (e.g., artificial tears, gels, ointments [target agents not included]) [chart notes are required] OR</p> <p>C. The patient has an intolerance or hypersensitivity to aqueous enhancements [chart notes are required] OR</p> <p>D. The patient has an FDA labeled contraindication to ALL aqueous enhancements [chart notes are required] AND</p> <p>2. The prescriber is a specialist or has consulted with a specialist related to the requested diagnosis (e.g., ophthalmologist, optometrist, rheumatologist) OR</p> <p>B. The patient has another FDA approved indication for the requested agent OR</p> <p>C. The patient has an indication that is supported in compendia for the requested agent and route of administration AND</p> <p>2. The patient will NOT be using the requested agent in combination with Verkazia (cyclosporine) or another target agent in this program (e.g., Cequa, Eysuvis, Miebo, Restasis, Tryptyr, Tyrvaya, Vevye, Xiidra) AND</p> <p>3. The patient does NOT have any FDA labeled contraindications to the requested agent</p> <p>Compendia Allowed: AHFS or DrugDex 1, 2a, or 2b level of evidence</p> <p>Length of Approval:</p> <p>BCBSOK: 36 months</p> <p>BCBSIL all agents: 12 months</p> <p>BCBSMT and BCBSNM: Miebo (perfluorohexyloctane), Eysuvis (loteprednol etabonate), Trypty (acoltremon), Tyrvaya (varenicline), Cequa (cyclosporine), Vevye (cyclosporine), Xiidra (lifitegrast) - 3 months; Restasis (cyclosporine ophthalmic emulsion) - 6 months,</p> <p>ALL other plans: Miebo (perfluorohexyloctane) and Tyrvaya (varenicline) - 2 months; Cequa (cyclosporine), Eysuvis (loteprednol etabonate), Tryptyr (acoltremon), Vevye (cyclosporine), Xiidra (lifitegrast) - 3 months; Restasis (cyclosporine ophthalmic emulsion) - 6 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p> <p>The requested agent will also be approved when the following are met:</p>

Module	Clinical Criteria for Approval
	<ol style="list-style-type: none"> 1. The member resides in Ohio AND 2. The plan is Fully Insured or HIM Shop (SG) AND BOTH of the following: <ol style="list-style-type: none"> A. The patient does NOT have any FDA labeled contraindications to the requested agent AND B. ONE of the following: <ol style="list-style-type: none"> 1. The patient has another FDA labeled indication for the requested agent and route of administration OR 2. The patient has another indication that is supported in compendia for the requested agent and route of administration OR 3. The prescriber has submitted TWO articles from major peer-reviewed professional medical journals [e.g., Journal of American Medical Association (JAMA), New England Journal of Medicine (NEJM), Lancet] supporting the proposed use(s) as generally safe and effective. Accepted study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. NOTE: Case studies are not acceptable [journal articles required] <p>Non-oncology compendia allowed: DrugDex level 1, 2A or 2B, AHFS-DI (narrative text must be supportive)</p> <p>Oncology compendia allowed: NCCN 1 or 2A, AHFS-DI (narrative text must be supportive), DrugDex level 1, 2A, or 2B, or Clinical Pharmacology (narrative text must be supportive), Lexi-Drugs evidence level A, peer-reviewed medical literature</p> <p>Length of Approval:</p> <p>BCBSOK: 36 months</p> <p>ALL other plans: 12 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria</p> <p>Renewal Evaluation</p> <p>Target Agent(s) will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> 1. The patient has been previously approved for the requested agent through the plan's Prior Authorization process [Note: patients not previously approved for the requested agent will require initial evaluation review] AND 2. The patient has had clinical benefit with the requested agent AND 3. The patient will NOT be using the requested agent in combination with Verkazia (cyclosporine) or another target agent in this program (e.g., Cequa, Eysuvis, Miebo, Restasis, Tryptyr, Tyrvaya, Vevye, Xiidra) AND 4. The patient does NOT have any FDA labeled contraindications to the requested agent <p>Length of Approval:</p> <p>BCBSOK: 36 months</p> <p>BCBSIL for all agents: 12 months</p> <p>ALL other plans for Eysuvis (loteprednol etabonate) - 3 months, all other agents - 12 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p>

[QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL](#)

Module	Clinical Criteria for Approval
	<p>Quantity limit for the Target Agent(s) will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. The requested quantity (dose) does NOT exceed the program quantity limit OR 2. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following: <ol style="list-style-type: none"> 1. BOTH of the following: <ol style="list-style-type: none"> 1. The requested agent does NOT have a maximum FDA labeled dose for the requested indication AND 2. There is support for therapy with a higher dose for the requested indication OR 2. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication OR 3. BOTH of the following: <ol style="list-style-type: none"> 1. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication AND 2. There is support for therapy with a higher dose for the requested indication <p>Length of Approval:</p> <p>BCBSIL: 12 months</p> <p>ALL other plans:</p> <ul style="list-style-type: none"> • Initial: Cequa, Xiidra, Vevye, Eysuvis - 3 months, Restasis/cyclosporine - 6 months, Tyrvaya, Miebo - 2 months, • Renewal: Eysuvis - 3 months, all other agents - 12 months